



**Meeting of the Burlington Aging Council
 Tuesday March 15th, 2022 3:00pm – 4:30pm**

Attendance

*Denotes Co-Chairs

Member Status	Full Name	March 15th
1 member representing an organization supporting New Americans in Vermont	Symphorien Sikyala	x
1 member representing a healthcare provider	Jeanne Hutchins, MA	x
1 member representing a long-term care organization in Burlington	Shawn T Hallisey	x
1 member representing an affordable housing organization in Burlington	Molly Dugan	x
1 member representing an organization working to fight food insecurity in Vermont	Jane Catton	x
1 member representing an organization providing advocacy and support for older adults in Vermont	Kelly Stoddard Poor	x
1 member representing a senior center in Burlington	Andrea Viets	x
1 member representing an organization providing mental health services in Vermont	Alison Miley	x
1 member representing an organization providing transportation services in Vermont	Jordan Posner	x
1 member representing the City's Community and Economic Development Office	Brian Pine*	x
3-5 older adults living in Burlington	Barbara Shaw-Dorso	x
3-5 older adults living in Burlington	Glenn McRae*	x
3-5 older adults living in Burlington		
3-5 older adults living in Burlington	Charles J Messing	x
3-5 older adults living in Burlington		
Staff	Marcella Gange	x
1 member representing an organization advocating for racial equity, inclusion, and belonging in Burlington	Vacant	
3-5 older adults living in Burlington	Martha Molpus	x

Meeting called to order at 3.05pm

1. Motion to approve agenda 03 15 22 moved by JC and second JH, unanimous

2. Motion to approve minutes 02 15 22 moved by JC and second BSD, unanimous

3. Membership – Brian Pine notified the CDNR and Mayor and CC and Community members, Martha Molpus, Ward 7 and Lorna Kay, Ward 7 appointed.

No update from BAC members on outreach for a member representing an organization advocating for racial equity and inclusion.

4. Working groups - brief report:

a. **Housing** – See below notes and priorities recommendations from Housing Working Group (Molly)

Follow up questions and comments: Can the BAC use the survey as a resource and by supporting implementation gain info and data? KSP reports that AAA are

stepping up to help on statewide survey. Awaiting confirmation that the Burlington specific pieces will happen – should have confirmation next month.

b. Healthcare Workforce Development – See below notes and recommendations – (Jane)

Further discussion and exploration of 3 key areas (1) Workforce Shortages; (2) New Americans with Degrees/Professional Credentials Not Recognized in VT; (3) Vermont Is Not Taking Advantage of Our Mature Workforce

c. Mental Health and Social Isolation – (Barbara + Andrea) First meeting in March, See Below Notes and Questions to Pursue:

1. Assessment of the operation of senior centers during the last two years in the Covid emergency. Attention to the differences and similarities between city run (Champlain) and private non-profit run (Heineberg). Lessons to be learned.
2. For services, activities and opportunities for social inclusion that are available most older residents must travel. With the options available through GMT what do we know about how they are accessing the services, even during Covid, and what trips are most utilized? Are there unserved mobility interests and needs?
3. What do we know about the mental health issues faced by older residents in Burlington? Do we have a sense of what services are accessed and what needs are particularly acute, met or unmet? Is the model that the Howard Center has initiated to embed a social worker in senior housing facilities having a measurable preventative impact that makes the case for replication?
4. Burlington's long-term care and nursing home facilities are often isolated from the wider community. If residents cannot go out into the community, what strategies are available to create inclusive pathways to bring community to them in a sustainable way?

Jane Catton: provided info on new platform for learning for older adults:
<https://www.getsetup.io/partner/Vermont>

Glenn: How do we move action points forward? How do we get out to older residents? We need to think about the infrastructure for seniors that serves folks well where they are.

Language Access, language classes and document translation discussed.
Brian – what efforts to connect youth and elders? Maximize use of a school building etc. Intergenerational connections and connecting services.

d. UVM Capstone project groups – (Glenn) - 4 groups

4 groups of students fully engaged and reaching out to members for guidance and information.

Working groups should get a parking lot for research ideas – as other students come through they can pick up those research ideas.

First group - literature and program search. REIB for older BIPOC community members, Food Security, Civic Engagement and Family/Caregiver Support.

Following up on the current actions in BTV and a wider picture of what is available nationally, bringing a compendium of ideas to BAC.

Second group – Communication and communications platforms – network of overlays to communicate – wide use of tools etc. Accessing Information – what are best practices in communicating with and engaging older residents in a small city like Burlington? Evaluating online, print, media, social media, neighbor-to-neighbor, call centers. Determine how resources can best be communicated to older city residents

Third group – Workforce - Can we redefine the growing population of older community residents as Workforce Assets; what reframing would need to be done; what initiatives need to be taken by public, nonprofit, and private employers; what educational and training resources would need to be engaged? How would this fit into Burlington’s and Vermont’s Workforce strategies? Where is the best thinking on this issue happening?

Fourth Group: Transport , transit and mobility - Comprehensive look at non-motorized and shared ride/micro transit development specific to the needs of older residents. How accessible and effective is it? A review of how other communities around the country are addressing this issue. How do we prioritize and rate transport. Micro transit changes – by end of year GMT will move to Uber model, alongside fixed transit – focus on micro transit for under-performing routes. New route starting to Tilley Drive.

The students will provide preliminary reports for BAC in early April, for sharing and feedback. Presentations at a special BAC meeting (Scheduled May 2nd 3:45 – 5:45, City Hall)

5. Data Update: (Jane, Marcella) No info available – MG to follow up with DAIL

6. Age Friendly Communities

a. Request each City Department to provide an inventory of programs, policies, and initiatives currently underway or anticipated directly or indirectly addressing the needs of Older City residents and workers. In addition: have each City Department identify planned outreach and survey efforts for 2022. Response to BAC Action Planning Requests (Brian) BP reported back on the likely impact of the failed budget vote.

b. For the Council and its working groups to be effective the volunteer member efforts need to be supported by sufficient resources. The exact amount is to be determined. The Council requests: (i) Dedicated staffing to meet the Council's needs for coordination, outreach, and research; (ii) Dedicated funding for Council efforts (to be determined).

c. Communications: Provide notice of the Council's monthly meetings and membership, with a link to the website, via Front Porch Forum (all Burlington Forums) each month; and Invite Council members to join either the regular or a special meeting of the Council in April) to receive an update on how the Council is proceeding and to provide their input on what they hope the Council can accomplish. Suggested that this is better to happen in May/June, as new Council sworn in during April – BP

Discussion of Short Term Rental motion and ADU impacts.

7. Next meeting (April 19) - Agenda Suggestions; 5 minute update from each working group, Dig deeper on the Housing working group and prepare reports from each group to send out to the new City Council, requesting feedback. Reminder that the Working Groups are open to all BAC members – MG to circulate the time and date of each.

8. AOB

The meeting was adjourned at 4.30pm

BAC Housing Working Group Notes: 3-12-22

Present- Brian, Kelly, Charlie and Molly Goal of meeting- Revisit

Recommendations/action items- winnowing down list and prioritizing for full BAC.

Information gathering - We discussed how best to outreach and bring in the voices and perspectives of Burlingtonians around housing issues. Kelly informed us that not only is AARP putting out a statewide age friendly survey soon (going out in April) but the plan is for a Burlington specific survey to get fielded in late April/May with likely listening session in the fall. We agreed that using the Burlington specific survey to gather input on housing issues was the best course of action, rather than creating one ourselves.

Priority Issue Recommendations:

1. Send of letter/memo to Mayor's Office asking for a focus on services in housing for older adults be amplified in Mayor's 10-Point plan. (Will attempt to get wait-list info on SASH in Burlington SASH housing properties to show unmet need for housing embedded services).

2. Inventory Residential Care, Assisted Living and Nursing Home availability in Burlington to get a grasp on the supply and demand of long-term care in Burlington. (Utilize MPA students to complete this task?)

3. Maintenance/home modification programs in the home to help older adults with basic issues (cleaning large appliances, changing lightbulbs, grab bars, etc. Need for trusted resources. Streamline and grow the current process/program.

4. Increase HomeShare program opportunities by incentivizing homeowners to share via tax credit.

5. Co-housing- explore the Co-housing community on East Ave. How many older adults reside there? What is their experience? Consider ways to expand co-housing in Burlington? (Utilize MPA students to research, interview residents, etc.?)

Lastly, I reached out to Cathedral Square's Director of Development (Property Development), Cindy Reid, to see what recommendations/changes she hoped could be considered by the BAC to improve affordable housing development and maintenance of existing affordable housing for older adults in Burlington. She shared the following 3 items:

1. Re the Tax Assessment Process- A very time consuming process for non-profit developers. Had to go through appeal processes and enter into Settlement Agreements for each of our 9 properties. The City Assessor's office should follow the standardized methodology described in 32 V.S.A. §3481(1) for properties with Housing Subsidy Covenants to avoid this in the future.

2. Would be good to re-convene the affordable housing group that used to meet regularly (perhaps 2x/year) - which included nonprofit developers and service providers and CEDO. It used to be called "The Gang of 8". This was a good way to discuss projects, opportunities, resources. It was a way to keep us coordinated, versus splintered. These days everyone is so maxed out, I don't know if we can convene it but it would be valuable.

3. ADUs - I'm not sure if there's a role for us here. HomeShare VT has been instrumental, and CHT has a loan program. Are there other housing models that CSC could explore or participate in the development of?

Burlington Aging Council Workgroup: Health Care Workforce Meeting Held Wednesday March 9, 2022

Workforce Development- HC	
Jane Catton	jcatton@agewellvt.org ;
Jeanne Hutchins, MA	jeanne.hutchins@med.uvm.edu ;
Molly Dugan	dugan@cathedralsquare.org ;
Brian Pine	bpine@burlingtonvt.gov ;
Symphorien Sikyala	ssemvua@hotmail.com ;

Goals:

- I. Collect and collate data relevant to Healthcare Workforce issues
- II. Identify/discuss issues related to health care workforce affecting older adults in Burlington
- III. Make Recommendations for an Action Plan
- IV. Solicit feedback and input as needed

I. Data:

Workforce Development Strategic Plan/White Paper

<https://gmcbboard.vermont.gov/sites/gmcb/files/documents/VT%20Health%20Care%20Workforce%20Development%20Strategic%20Plan%2010-15-21%20Final%20GMCB.pdf>

[Optimizing the Potential of Older Workforce- Grafton Conference](https://static1.squarespace.com/static/5a14830b7131a57c49ac99ae/t/5a3911a9c83025d4901b9455/1513689522646/34th+Grafton+Conference+older+workers.pdf)

<https://static1.squarespace.com/static/5a14830b7131a57c49ac99ae/t/5a3911a9c83025d4901b9455/1513689522646/34th+Grafton+Conference+older+workers.pdf>

[Related materials for credentialing OPR and Medical Board](https://sos.vermont.gov/media/tujmifll/administrative-rules-for-assessment-of-professional-credentials-obtained-outside-of-the-united-states.pdf)

<https://sos.vermont.gov/media/tujmifll/administrative-rules-for-assessment-of-professional-credentials-obtained-outside-of-the-united-states.pdf>

<https://vermontbiz.com/news/2022/january/19/condos-new-pathway-licensure-vermonters-trained-outside-us>

<https://sos.vermont.gov/opr/regulatory/reducing-barriers/fast-track-endorsement/>

Top Concerns of Older Adults (mini survey Age Well) August 2021 (Attachment A)

II. Issues and Barriers:

a. Workforce shortages:

- Direct and Clinical care providers including Licensed Nursing Assistants, Personal Care Aides, Residential Care Aides, Home Care Aides.
- Shortages also exist under LTC Surrogate /Self Directed Care employment situations. E.g. clients have identified care givers, yet they can't hire them as they would need surrogate employers- which are difficult to find.
- Shortages occur in multiple settings: LTC settings/Nursing Homes, Residential Care, Hospitals, Home Health Agencies, Assisted Living Facilities.
- Shortages of Primary Care Physicians, Geriatricians, Podiatrists, Geri-Psych providers and Geriatric Social Workers.

b. New Americans with Degrees/Professional Credentials Not Recognized in VT

- Many New Americans arrive to VT with professional degrees or training that is not recognized.

- Many end up working in menial jobs, which contributes to Mental Health/Depression/Suicide among these people.

c. Vermont Is Not Taking Advantage of Our Mature Workforce

- Many older Burlingtonians (and older Vermonters) would like to work yet they are not offered opportunities.
- Tax implications for Social Security is an issue for older/retired workers.

Barriers:

- The Burlington program to train new LNA's has been very effective however a barrier to licensure due to Red Cross backing out of VT to provide certification examinations has created further challenges.
- Prometrics will assume this function but there are delays through March 2022.
- Pay rates are very low for these allied professions. There is no incentive to consider these types of roles due to pay scale issues.
- Transportation barriers in these roles are real. Many require driving significant distances around the state to care for clients in different locations/settings.
- Options for childcare is a barrier.
- Options for Adult Day Care and/or Respite Care.
- If salaries were increased, many of the staff who receive other state benefits through Medicaid (Food Stamps, WIC etc) would lose these benefits.
- Ongoing need for training and funding for entry- level health care positions such as these.

III. Recommendations:

A. Workforce Shortages:

- Explore options in the Workforce Development Strategic Plan and determine if we adopt/endorse any of these recommendations: (See page 17 for recommendations related to Nursing, Dentistry).
- Promote and scale up existing LNA training program in Burlington. Recommend use of state and local ARPA funding to support ongoing workforce training funding.
- Consider expansion of this career ladder to other professional areas e.g. HCA/PCA/RCA→LNA→RN in partnership with Tech Centers, Burlington City program.
- Recommend CEDO and Age Well staff collaborate to develop a proposal for a PCA/HCA/RCA training program to submit to the VDOL with consideration of State Training and Development funding for support.
- Recommend continued funding for the LNA training program through the City of Burlington.
- Connect the career ladder and opportunity with Working Bridges to wrap around staff in lower paying roles.
- Advance /promote the concept of Age Friendly Universities as a place for retraining or retaining mature workforce. Invite Janet Nunziata and Jason Gabarino to a BAC meeting to present their work on Age Friendly Universities.

B. New Americans with Degrees/Professional Credentials Not Recognized in VT

- Recommend engaging BAC Capstone students to seek and evaluate data to understand how impactful this issue might be. Evaluate:

- a. Inventory the number of New Americans with professional degrees, clinical licenses or training achieved in other countries not currently working in their specialty.
- b. Determine number of unfilled openings at Hospitals and Home Health/Residential Care/Assisted Living Facilities.
 - Explore collaborations with USCRI to advocate for changes to clinical/medical credentialing practices if needed, for foreign- trained clinicians.
 - Research barriers within the Vermont Board of Medical Practice and the Office of Professional Regulation (OPR) who credentials all medical licensure including International Medical Graduates (IMG's) and all nursing categories (OPR).
Action: Jane and Molly will continue research of OPR and Board of Medical Practice and follow up.
- c. Vermont Is Not Taking Advantage of Our Mature Workforce**
 - Support the current proposal at the legislature to increase the income threshold to the VT Social Security tax exemption.
 - Support any legislation by the House Committee on Commerce and Economic Development related to mature workforce strategy.

IV. Solicit Feedback

- Share document including issues and recommendations with Age Well and the Vermont Association of Agencies on Aging (V4A) for feedback. **Action:** Jane

Other comments/feedback:

Age Well:

“Wow super comprehensive plan! I am so pleased that reaching diverse populations is included. I believe an obstacle for many older adults is access to information. Knowing there are barriers with technology it is important to be mindful about effective ways to communicate. Also language translation services should be top of mind, especially as we welcome refugees and support new Americans. I think that focusing on access to information (particularly translated) is an area that the health care workforce group should expand upon.”

“I’m not sure this is applicable in the same way for this population, but back when I was at Aetna, they universally increased the minimum wage for entry level positions. The CEO encouraged other companies to do the same, and several followed suit (I think Wal-Mart was one of the others). There were a couple of drivers for the move, the biggest was that recruitment and training costs vastly outweighed the costs to pay folks a little more and keep them onboard. There were other changes implemented at the same time like Tuition reimbursement and lower out-of-pocket healthcare costs.

Here's a link to one of the articles – there were several at the time.

<https://money.cnn.com/2015/01/13/news/economy/aetna-wages/index.html>

I’m sure it is something you’ve already explored, but it is an example of the process working in practice”.

CVCOA and other AAA feedback:

Section IIb- Credentialing

“This is a huge national problem and has been for years. This is particularly onerous for those with advanced degrees like MDs, dentists and others.”

Section IIc- SS Tax Implications

“This only affects those who start drawing social security before full retirement age and goes away once they reach full retirement age. Would have to be fixed at the Federal level.”

Section II Barriers:

LNA /Allied/Mature workforce pay scales

“The average LNA in Vermont makes \$38,000 a year, usually with full benefits on top of that. This is not terrible for someone completing a 5 week long certification program, which in today’s world is often paid for by their employer who may also pay them their salaries during training”.

“Just one important point to consider: those older workers who do find work are underpaid and do not have predictable schedules or benefits”

Transportation Barriers:

“I have to assume that any employer of LNAs who travel as part of their job are re-imbursed at the Federal reimbursement rate of 58.5 cents a mile. If they drive a vehicle getting 25 mpg, at today’s prices for gas, the cost of gas is costing them 14 cents a mile. While no one gets rich from mileage reimbursement, it is also not costing anyone out of pocket.”

Medicaid Benefits Barriers

“This is a huge problem that has been around for a very long time. Probably would have to be fixed at the Federal level.”

Next Steps:

- Provide latest report to BAC on March 15, 2022.

Attachment A: Age Well Survey August 2021

Top 3 Concerns for Older Adults				158 Respondents		
Affordable Housing				66/58		42%
Maintaining Independence				64/158		40%
Social Isolation				47/158		30%
Transportation				47/158		30%

Financial Security				34/158		22%
Food Insecurity				29/158		18%
Accessing Supports and Services				27/158		17%
Navigating Health Care				27/158		17%
Navigating Technology				23/158		15%
Mental Health				22/158		14%
Care Giver Supports				21/158		13%

Source: Age Well 2021

Burlington Aging Council: Social Inclusion and Mental Health Workgroup

Meeting, March 4, 2022

Attending: Alison Miley, Jordan Posner, Barbara Shaw-Dorso, Glenn McRae (Andrea Viets unable to attend)

Framing the questions: In establishing the charge for BAC the issue of **Social Inclusion** of older residents of Burlington was put forward as one of the priorities. Reasons for this prioritization included:

- The mental and physical health impacts of social isolation are detrimental to all age groups, especially older adults.
- The magnitude of health risks associated with social isolation and loneliness are equivalent to smoking and obesity.
- Social connection is associated with a 50% reduced risk of early death. (we live longer when we are socially connected)
- Burlington must continue to support initiatives and programs that provide engaging, connecting, and enriching opportunities for older adults.

Policy framework to develop:

Opportunities, services, and facilities for social inclusion and engagement of older residents should be ubiquitous throughout the community.

- Children live throughout the community and city programs and amenities targeted at them are spread throughout the community, from schools, to ball fields, to programming. As children age we recognize as a community that the need, and we as a community should be responsible for, a wide range of facilities and programs wherever they live. Similarly at the other end of the spectrum, older residents live throughout the community. To be connected a similar web of amenities should be available.
- 11.8% of the population is under age 18; 11.9% is age 65 and older. The budget, facilities and programming are certainly not equal, but are they equitable? What would it take to have an approach to aging that is balanced at both ends of the spectrum?

- If we looked at a service and support network for adults 65+ in Burlington with the same holistic approach that we do for children <18, how would our community look different?

Questions to pursue:

1. Assessment of the operation of senior centers during the last two years in the Covid emergency. Attention to the differences and similarities between city run (Champlain) and private non-profit run (Heineberg). Lessons to be learned.
2. For services, activities and opportunities for social inclusion that are available most older residents must travel. With the options available through GMT what do we know about how they are accessing the services, even during Covid, and what trips are most utilized? Are there unserved mobility interests and needs?
3. What do we know about the mental health issues faced by older residents in Burlington? Do we have a sense of what services are accessed and what needs are particularly acute, met or unmet? Is the model that the Howard Center has initiated to embed a social worker in senior housing facilities having a measurable preventative impact that makes the case for replication?
4. Burlington's long-term care and nursing home facilities are often isolated from the wider community. If residents cannot go out into the community, what strategies are available to create inclusive pathways to bring community to them in a sustainable way?

RESOURCES:

VPR reports on Senior Centers: <https://www.vpr.org/vpr-news/2022-03-02/how-senior-center-patrons-admins-are-connecting-after-and-because-of-pandemic-isolation>

Ageing-friendly communities and social inclusion in the United States of America

Published online by Cambridge University Press: **03 December 2012**

<https://www.cambridge.org/core/journals/ageing-and-society/article/ageingfriendly-communities-and-social-inclusion-in-the-united-states-of-america/2338845DD53D67AD4C2544CEBD1194F1>

Synthesizing the social capital and ageing-friendly communities literature, this paper describes how efforts to make communities more ageing-friendly can promote social inclusion among older adults. Making existing communities more ageing-friendly involves physical and social infrastructure changes that enable older adults to pursue lifelong activities, meet their basic needs, maintain significant relationships, participate in the community in personally and socially meaningful ways, and develop new interests and sources of fulfilment. Such efforts can enhance bonding, bridging, and linking capital, and thereby promote social inclusion. The authors discuss the link between ageing-friendly communities and social inclusion and provide examples of programs with potential to change existing communities into ones that promote the social inclusion of older adults.

This meeting will be a hybrid meeting. To comply with open meeting law requirements the in-person aspect of the meeting will be staffed at the Queen City Room, 3rd Floor City Hall, 149 Church St, Burlington. Please inform staff if you are unable to attend the meeting remotely and by zoom mqange@burlingtonvt.gov